



312066 0272 9345 6



ADMINISTRATIVE BULLETIN

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

GOVERNMENT DOCUMENTS
COLLECTION

SEP 19 1984

University of Massachusetts
Depository Copy

84-6

TO: ALL CABINET SECRETARIES AND AGENCY HEADS

RE: MASSACHUSETTS PERFORMANCE RECOGNITION PROGRAM

As part of the Commonwealth's efforts to encourage and reward exemplary performance by state employees, Governor Michael S. Dukakis has initiated the Massachusetts Performance Recognition Program. This Program has been established to:

- . focus attention on the degree to which excellence exists in Massachusetts state government;
- . recognize and reward exemplary performance by state employees; and
- . encourage talented people within state government to continue to excel.

Once a year, employees in each Executive Department agency who have demonstrated exemplary work performance will be recognized through the award of the Commonwealth Citation for Outstanding Performance. From these employees, no more than ten each year will be awarded the Manuel Carballo Governor's Award for Excellence in Public Service. Recipients of the Governor's Award will exemplify, as did Manuel Carballo, the highest standards of public service.

The selection of award recipients will be made in accordance with the following guidelines:

THE COMMONWEALTH CITATION FOR OUTSTANDING PERFORMANCE

Recognition will be given annually to at least one employee in each agency. Agency heads are encouraged to recognize not only managers and supervisors, but outstanding staff persons as well.

The maximum number of awards that may be given, according to an agency's size, are as follows:

<u>Maximum Number of Awards</u>	<u>Number of Agency Employees</u>
1	up to 100
3	100 to 500
6	500 to 1,500
9	1,500 to 3,500
12	3,500 to 5,000
15	5,000 or more

In addition to outstanding individual contributors, an agency head may recognize a group of employees whose performance as a Unit has been exemplary.

Employees within cabinet-level Executive Offices will be nominated, selected and awarded in the same fashion as those at the agency level.

Attached is a list of organizational groupings that will constitute "agencies" for the purpose of this Program. In those cases in which departments have been grouped with cabinet-level Executive Offices, the Cabinet Secretary will select the exemplary employees.

ELIGIBILITY:

Those eligible for nomination are:

- . Executive Department employees who have been in state service for at least two years except those employees currently holding positions to which they were appointed directly by the Governor, or employees whose appointments were subject to the formal approval of the Governor; or
- . Groups of employees whose performance as a Unit has been exemplary.

NOMINATION PROCESS:

- . An individual may be nominated by supervisors, peers, professional colleagues or others familiar with the person's work. A person may not be nominated by relatives or subordinates, nor may a person nominate himself or herself.
- . A group of employees may also be nominated if its performance as a Unit has been exemplary.
- . A standard nomination form must be used to describe the individual's or group's accomplishments and should indicate the reasons why the individual or group should be recognized. Copies of the nomination instructions and form are attached.
- . Nominations should be submitted to the agency head by September 15th.

SELECTION PROCESS:

- . Selection Committee: A representative Selection Committee, established by the agency head/cabinet secretary, will review all nominations and recommend to the agency head/cabinet secretary the names of those individuals who are most worthy of recognition.
- . Selection Criteria: The Selection Committee and agency head will use one or more of the following criteria in selecting an individual or group for recognition:
 - . attainment of high priority agency objective(s);
 - . exceptional managerial, organizational and/or communications achievements;
 - . exemplary leadership;
 - . achievement of significant improvements in productivity and/or savings in agency operations.
- . The agency head/cabinet secretary will make the final selection decisions.
- . The agency head/cabinet secretary must submit the name(s) of award recipients to the Personnel Administrator by October 1st. A description of the selection process utilized and the names of Selection Committee members should also be submitted.

NATURE OF AWARDS:

- . A "Commonwealth Citation for Outstanding Performance," signed by the agency head/cabinet secretary and Governor.
- . Agency heads may also give "Certificates of Recognition" to those employees who were considered for, but not recipients of, the Citation.

THE MANUEL CARBALLO GOVERNOR'S AWARD FOR EXCELLENCE IN PUBLIC SERVICE

The Manuel Carballo Governor's Award will be given annually to no more than ten employees who exemplify the highest standards of public service.

ELIGIBILITY:

- . All individuals and groups who are awarded the Commonwealth Citation for Outstanding Performance during the current fiscal year are eligible to be nominated for the Manuel Carballo Governor's Award. Each agency may nominate one individual or group of employees for consideration.

NOMINATION PROCESS:

- . A standard nomination form must be used to provide a career profile of each nominee, a description of the outstanding contributions and several statements of support for the individual's or group's accomplishments. The form should be completed by the agency head/cabinet secretary. Copies of the nomination instructions and form are attached.
- . Nominations should be submitted to the Personnel Administrator by October 1st of each year. The Personnel Administrator will then forward all nominations to the Selection Committee.

SELECTION PROCESS:

- . Selection Committee: A ten-person Selection Committee which includes the Speaker of the House, the President of the Senate, and gubernatorial appointees from business, labor, community groups, academia and media who are knowledgeable about Massachusetts state government will review all nominations and recommend to the Governor the names of no more than ten candidates who are most worthy of receiving the award.
- . Selection Criteria: The Selection Committee will use one or more of the following criteria in selecting an individual or group for this award:
 - . exceptional accomplishments;
 - . exemplary leadership;
 - . creativity and innovation;
 - . achievement of significant improvements in productivity and/or savings in agency operations.
- . The Governor will make the final selection decisions.

NATURE OF AWARDS:

- . A \$1,000 cash award, a plaque and an Award Citation signed by the Governor will be awarded to each recipient.
- . Names of recipients will be added each year to a plaque which will hang outside the Governor's Office within the State House.

AWARD PRESENTATIONS

The Commonwealth Citations for Outstanding Performance and the Manuel Carballo Governor's Awards for Excellence in Public Service will be presented by the Governor at a dinner for award recipients. Those being awarded the Commonwealth Citation for Outstanding Performance may invite one guest to attend the dinner.. Those being awarded the Manuel Carballo Governor's Award for Excellence in Public Service may invite their family and friends. It is anticipated that the first group of annual awards will be presented in early December, 1984.

ACTION REQUIRED

Cabinet secretaries and agency heads are requested to ensure that all employees are informed of the Program's purpose, eligibility requirements and nomination process. Selection committees should be established by August 15th.

I encourage and look forward to your support and assistance in our efforts to appropriately recognize the many outstanding employees of the Commonwealth. For additional information, contact James J. Hartnett, Jr., Deputy Commissioner for Management Services, Department of Personnel Administration, at 727-2715.



Frank T. Keefe
Secretary of Administration and Finance

MASSACHUSETTS PERFORMANCE RECOGNITION PROGRAM

ORGANIZATIONAL GROUPINGS

The following organizational groupings have been designated as "agencies" for purposes of this program.

<u>AGENCY</u>	<u>NUMBER OF "AGENCY" POSITIONS</u>	<u>MAXIMUM NUMBER OF "AGENCY" AWARDS</u>
<u>ADMINISTRATION AND FINANCE</u>		
Office of the Secretary	274	3
Tort Claims Administration		
Division of Hearing Officers		
Civil Service Commission		
Office of Affirmative Action		
Motor Vehicles Management Bureau		
Administering Agency for Developmental Disabilities		
Office of Handicapped Affairs		
Retirement Law Commission		
Teachers' Retirement Board		
Council on Arts & Humanities		
Appellate Tax Board		
Bureau of Administrative Services		
Office of Telecommunications		
Public Employee Retirement Administration		
Department of Revenue	1,975	9
Department of Personnel Administration	256	3
Budget Bureau	56	1
Purchasing Agent's Division	38	1
Comptroller's Division	117	3
Office of Employee Relations	16	1
Division of Capital Planning & Operations	180	3
O.M.I.S.	365	3
P.M.I.S.		
Bureau of Special Investigations	145	3
Bureau of State Buildings	244	3
M.C.A.D.	97	1
Group Insurance Commission	77	1

<u>AGENCY</u>	<u>NUMBER OF "AGENCY" POSITIONS</u>	<u>MAXIMUM NUMBER OF "AGENCY" AWARDS</u>
<u>ENVIRONMENTAL AFFAIRS</u>		
Office of the Secretary	82	1
Environmental Management	824	6
Environmental Quality Engineering	593	6
Metropolitan District Commission	2,302	9
Fisheries, Wildlife and Recreational Vehicles	378	3
Food and Agriculture	116	3
<u>COMMUNITIES AND DEVELOPMENT</u>	228	3
<u>HUMAN SERVICES</u>		
Office of the Secretary	104	3
Public Health	3,980	12
Mental Health	19,542	15
Youth Services	620	6
Commission for the Blind	309	3
Correction	3,564	12
Public Welfare	4,587	12
Office for Children	238	3
Rate Setting Commission	138	3
Social Services	2,745	9
Mass. Rehabilitation Commission	868	6
Parole Board	161	3
Veterans Services	53	1
Soldiers Home-Chelsea	659	6
Soldiers Home-Holyoke	345	3

<u>AGENCY</u>	<u>NUMBER OF "AGENCY" POSITIONS</u>	<u>MAXIMUM NUMBER OF "AGENCY" AWARDS</u>
<u>TRANSPORTATION AND CONSTRUCTION</u>		
Office of the Secretary and Misc. Programs Aeronautics Commission	51	1
Public Works	3,394	9
MBTA	6,000	15
Turnpike Authority	1,000	6
Port Authority	1,000	6
<u>EDUCATION</u>		
Department of Education	1,009	6
Board of Library Commissioners	58	1
George Fingold Library	26	1
Board of Regents	65	1
Bridgewater State College	528	6
Fitchburg State College	440	3
Framingham State College	388	3
North Adams State College	213	3
Salem State College	544	6
Westfield State College	338	3
Worcester State College	323	3
Massachusetts College of Art	196	3
Massachusetts Maritime Academy	180	3
University of Lowell	1,007	6
Southeastern Massachusetts University	688	6
University of Massachusetts	5,611	15
Berkshire Community College	185	3
Bristol Community College	180	3
Cape Cod Community College	182	3

<u>AGENCY</u>	<u>NUMBER OF "AGENCY" POSITIONS</u>	<u>MAXIMUM NUMBER OF "AGENCY" AWARDS</u>
<u>EDUCATION (Continued)</u>		
Greenfield Community College	155	3
Holyoke Community College	271	3
Massachusetts Bay Community College	175	3
Massasoit Community College	247	3
Mount Wachusett Community College	175	3
Northern Essex Community College	259	3
North Shore Community College	247	3
Quinsigamond Community College	201	3
Springfield Technical Community College	329	3
Roxbury Community College	112	3
Middlesex Community College	198	3
Bunker Hill Community College	244	3
<u>PUBLIC SAFETY</u>		
Office of the Secretary Governor's Highway Safety Bureau	20	1
Adjutant General State Quartermaster	151	3
Civil Defense	54	1
Criminal Justice Information System	48	1
Criminal Justice Training Council	31	1
Public Safety	1,378	6
Registry of Motor Vehicles	1,205	6
Merit Rating Board	77	1
Office of the Chief Medical Examiner	42	1

<u>AGENCY</u>	<u>NUMBER OF "AGENCY" POSITIONS</u>	<u>MAXIMUM NUMBER OF "AGENCY" AWARDS</u>
<u>MANPOWER AFFAIRS</u>		
Office of the Secretary	5	1
Division of Employment Security	2,399	9
Dept. of Commerce and Development	85	1
Dept. of Manpower Development	40	1
<u>ELDER AFFAIRS</u>	86	1
<u>CONSUMER AFFAIRS</u>		
Office of the Secretary	91	1
CATV		
Racing Commission		
Alcoholic Beverage Control Commission		
Division of Standards	29	1
Division of Banks	183	3
Division of Insurance	152	3
Board of Appeal on Motor Vehicle Liability Policies and Bonds		
Division of Registration	315	3
Board of Registration in Medicine		
Department of Public Utilities	112	3
Commercial Motor Vehicles		
<u>ENERGY</u>	41	1
<u>LABOR</u>		
Office of the Secretary	85	1
Labor and Industries		
Bd. of Conciliation and Arbitration		
Div. of Apprentice Training		
Labor Relations Commission		
Industrial Safety	100	3
Occupational Hygiene		
Minimum Wage Administration	16	1
Div. of Employment Agencies		
Div. of Industrial Accidents	120	3

COMMONWEALTH CITATION FOR OUTSTANDING PERFORMANCE

Nomination Instructions

Executive Department employees who have been in state service for at least two years may be nominated for a Citation except those employees currently holding positions to which they were appointed directly by the Governor, or employees whose appointments were subject to the formal approval of the Governor.

An individual may be nominated by a supervisor, peers, professional colleagues or others familiar with the person's work. An individual may not be nominated by a relative or a subordinate, nor may a person nominate himself or herself.

A group of employees may also be nominated for its performance as a Unit.

In citing the reasons on the form on reverse side as to why an individual or group of employees should receive a Citation, particular emphasis should be placed on one or more of the following:

- attainment of high priority agency objective(s);
- exceptional managerial, organizational and/or communications achievements;
- exemplary leadership;
- achievement of significant improvements in productivity and/or savings in agency operations.

All nominations must be signed and the nominator's relationship to the nominee(s) clearly specified.

All nominations must be submitted to the agency head or cabinet secretary.

COMMONWEALTH CITATION FOR OUTSTANDING PERFORMANCE

Nomination Form

Date: _____

Name of Nominee(s): _____

Title(s): _____

Location in Agency: _____

Please describe, briefly but specifically, those accomplishments that merit the awarding of a Citation to the individual or group. Use additional sheets of paper if necessary.

Name of Nominator: _____

Relationship of Nominator to Nominee(s): _____

I hereby certify that I am not related to the nominee(s) and do not work for the nominee(s).

Signature of Nominator

MANUEL CARBALLO GOVERNOR'S AWARD
FOR EXCELLENCE IN PUBLIC SERVICE

Nomination Instructions

Only those employees who have received the "Commonwealth Citation for Outstanding Performance" during the current fiscal year are eligible to be nominated for this award. Each agency may nominate one individual or group of employees for consideration.

In citing the reasons on the form on reverse side as to why an individual or group of employees should receive this award, particular emphasis should be placed on exceptional accomplishments, demonstrated leadership, dedication, and creativity and innovation.

This form should be accompanied by a current resume of the nominee(s) and statements of support for the individual's or group's accomplishments.

This form should be completed and signed by the appropriate agency head or cabinet secretary.

Nominations should be submitted to the Personnel Administrator, who will forward all nominations to the Selection Committee.

MANUEL CARBALLO GOVERNOR'S AWARD

FOR EXCELLENCE IN PUBLIC SERVICE

Nomination Form

Date: _____

Name of Nominee(s): _____

Title(s): _____

Social Security Number(s): _____

Agency: _____

Please list the accomplishments that merit the granting of the Governor's Award to the individual or group. Use additional sheets of paper if necessary.

Name of Nominator (Agency Head): _____

Signature of Nominator: _____



MASS. AFF-4: 984-12 ✓

ADMINISTRATIVE BULLETIN

EXECUTIVE OFFICE FOR ADMINISTRATION AND FINANCE

84-12

TO: Secretariats
Agency Heads

FROM: Frank Keefe, Secretary *FK*
Executive Office for Administration and Finance

DATE: December 11, 1984

RE: New Space Acquisition Procedures: Space Plans

REVISED SPACE AQUISITION PROCESS

In an effort to rationalize and streamline the process by which state agencies acquire office and other administrative space, the Division of Capital Planning and Operations (DCPO) has made changes in the procedures for reviewing and approving agency requests for space. The SR-1 and SR-2 forms have been replaced with a series of forms called Occupancy Request, Occupancy Recommendation, Occupancy Approval and Occupancy Confirmation, (see attached). DCPO has also developed a Manual which explains the process of obtaining space and provides step-by-step instructions for filling out the forms. These new documents are designed to lead the agency through the procedures required by DCPO in compliance with C. 7 Sec. 40G-I. In addition, the Division has created new standard lease and tenancy-at-will agreements, and a standard "Request for Proposals" which will ease much of the workload of agencies involved in acquiring office space.

THE OCCUPANCY APPROVAL PROCESS

To further reduce the time required to obtain individual approvals for office and administrative space, agencies will be able to obtain blanket approvals for occupancy agreements from their secretariats and from the Budget Bureau. Agencies may request these aprovals by submitting an OCCUPANCY PLAN, which will project space requirements and costs for all its office and administrative locations for a given fiscal year. Prior approval of these plans will significantly reduce the time needed for reviewing and approving individual requests for space, since requests that are consistent with the approved Occupancy Plan can be quickly approved by DCPO and will not require

further Secretariat and Budget Bureau sign-off. Preparation of the Occupancy Plan will also greatly assist agencies in developing the biannual spending plan required by the Budget Bureau.

Approvals of agency requests to occupy space will operate as follows:

1. Each agency should submit its Occupancy Plan for FY 1985 by January 1, 1985, using the forms that are attached. All office and other administrative space which the agency occupies should be listed, including space that is state-owned. The locations should be listed so as to reflect the organizational structure of the agency (Central Offices first, then Region I Office followed by area offices in Region I, Region II Office followed by area offices in Region II, and so on). All anticipated changes in rental agreements and the estimated costs after the changes must be included on the form.

2. The Occupancy Plans (and the Spending Plan) will be reviewed and approved by the Secretariats and the Budget Bureau and will be kept on file by DCPO. Amended or updated Occupancy Plans may be submitted at any time, and will replace the original Plan after receiving Secretariat and Budget Bureau approval.

3. During the year, agencies requesting approval of office and administrative space consistent with the Occupancy Plan (i.e. specifying locations, square footages, account numbers, and equivalent or lower costs projected in the Occupancy Plan) may submit them directly to DCPO. The Office of Real Property will verify the consistency with the Occupancy Plan before approving any agreements. Signed Occupancy Approval forms will be sent to the Agency's Secretariat and to the Budget Bureau for their records.

4. Agencies that fail to submit an acceptable Occupancy Plan and do not have an approved Spending Plan must submit each Occupancy Approval Form to their Secretariats and to the Budget Bureau for review and approval before DCPO will execute a space agreement on their behalf.

Occupancy Approval Forms that require expenditures in excess of those projected in the Occupancy Plan will still require Secretariat and Budget Bureau sign-off before being approved by DCPO.

If you have any questions about the Occupancy Plans or the new Occupancy Forms, please call Linda Whitlock, Chris Olney, Jean Krueger or Bob Keith at DCPO's Office of Real Property (727-0468).

FK/tmf

INSTRUCTIONS FOR FILLING OUT
OCCUPANCY PLAN

SECTION A - CONDITIONS OF CURRENT AGREEMENT OR OCCUPANCY

- a. OFFICE TYPE: C = central
R = regional or district
A = area or local
- b. NO. OF STAFF: the number of people working in the office, including full-time employees and the full-time equivalent for part-time employees and volunteers.
- c. CURRENT ANNUAL RENTAL COST: the amount of rent paid under the agreement assuming occupancy of the premises for a whole year at the rate in effect as of June 30. (Twelve times the June rental cost).
- d. TOTAL SQ. FT: the net area occupied, as specified in the lease or rental agreement, if one exists.
- e. RATE PER S.F.: the annual rental cost of the agreement divided by the area occupied.
- f. TYPE OF AGREEMENT: L = lease
T = tenancy-at-will agreement
B = occupancy of state office building
S = occupancy of other state space
- g. TERMINATION DATE: the date the agreement will expire. For tenancy-at-will agreements, enter the date five years after the agreement began.
- h. SERVICES NOT INCLUDED IN RENT: list by code given below. Do not include amounts.
- | | | | |
|---|-----------------------|-------------------|------------|
| H = heat | EL = electricity | PK = parking | OT = other |
| LT = light | JN = janatorial | SR = snow removal | |
| WR = water | AC = air conditioning | TH = trash | |
| ES = lease contains
escalator clause | | | |

SECTION B - EXPECTED CHANGES IN AGREEMENTS

- i. NEW TOTAL SQ. FT.: give the area the agency expects to occupy under a new agreement, or the current area if no change is anticipated.

- j. ESTIMATED RATE PER SQ. FT.: give the annual rate per sq. ft. the agency expects to pay under a new agreement. The rate times the area should equal the new annual rental cost.
- k. NEW ANNUALIZED RENTAL COST: the total rent the agency would expect to pay under the new conditions, assuming occupancy for a whole year at the new rate (twelve times the new monthly rent).
- l. EXPLANATION FOR CHANGE: e.g., increase in number of staff (give new number), landlord expected to increase rent, closing of office, etc. Agencies are encouraged to attach detailed explanations and exhibits to justify or clarify these changes.
- m. EXPECTED MONTH OF IMPLEMENTATION: name of the month during which the change is expected to occur.
- n. TOTAL COST WITH CHANGES: calculate in the following way:

- 1) from the following table: determine the proportion of the fiscal year before and after the change in conditions of an agreement,

<u>MONTH</u>	<u>BEFORE THE CHANGE</u>	<u>AFTER THE CHANGE</u>
July	0	1
August	1/12	11/12
September	1/6	5/6
October	1/4	3/4
November	1/3	2/3
December	5/12	7/12
January	1/2	1/2
February	7/12	5/12
March	2/3	1/3
April	3/4	1/4
May	5/6	1/6
June	11/12	1/12

- 2) Multiply the current annual rental cost by the proportion of the fiscal year before the change.
- 3) Multiply the new annual rental cost by the proportion of the fiscal year after the change.
- 4) Add the results obtained in steps 2 and 3 to obtain the total cost with changes for the fiscal year, and indicate the total in Column N.

THE COMMONWEALTH OF MASSACHUSETTS

FY85 OCCUPANCY PLAN

Page ____ of ____

Department/Agency	LOCATION (City/Town)
Contact Person	Telephone

Complete ONE Occupancy Plan for EACH rental/occupancy agreement at EACH location. Report on ALL OFFICE and OTHER ADMINISTRATIVE space which the agency occupies.

Enter the STREET ADDRESS and the APPROPRIATION ACCOUNT NUMBER charged for this space. Complete Sections A and B. Organize completed forms according to the STRUCTURE OF THE AGENCY, with each central office followed by its regional offices. If MORE THAN ONE APPROPRIATION ACCOUNT is charged for this location, list additional account numbers and the AMOUNT charged to each on an attachment.

LOCATION (Street Address):	APPROPRIATION ACCT. # _____ - _____ - _____
----------------------------	---

SECTION A: CONDITIONS OF CURRENT LEASE/TAW AGREEMENT AS OF JUNE 30, 1984

Refer to accompanying instructions for Column h. codes.

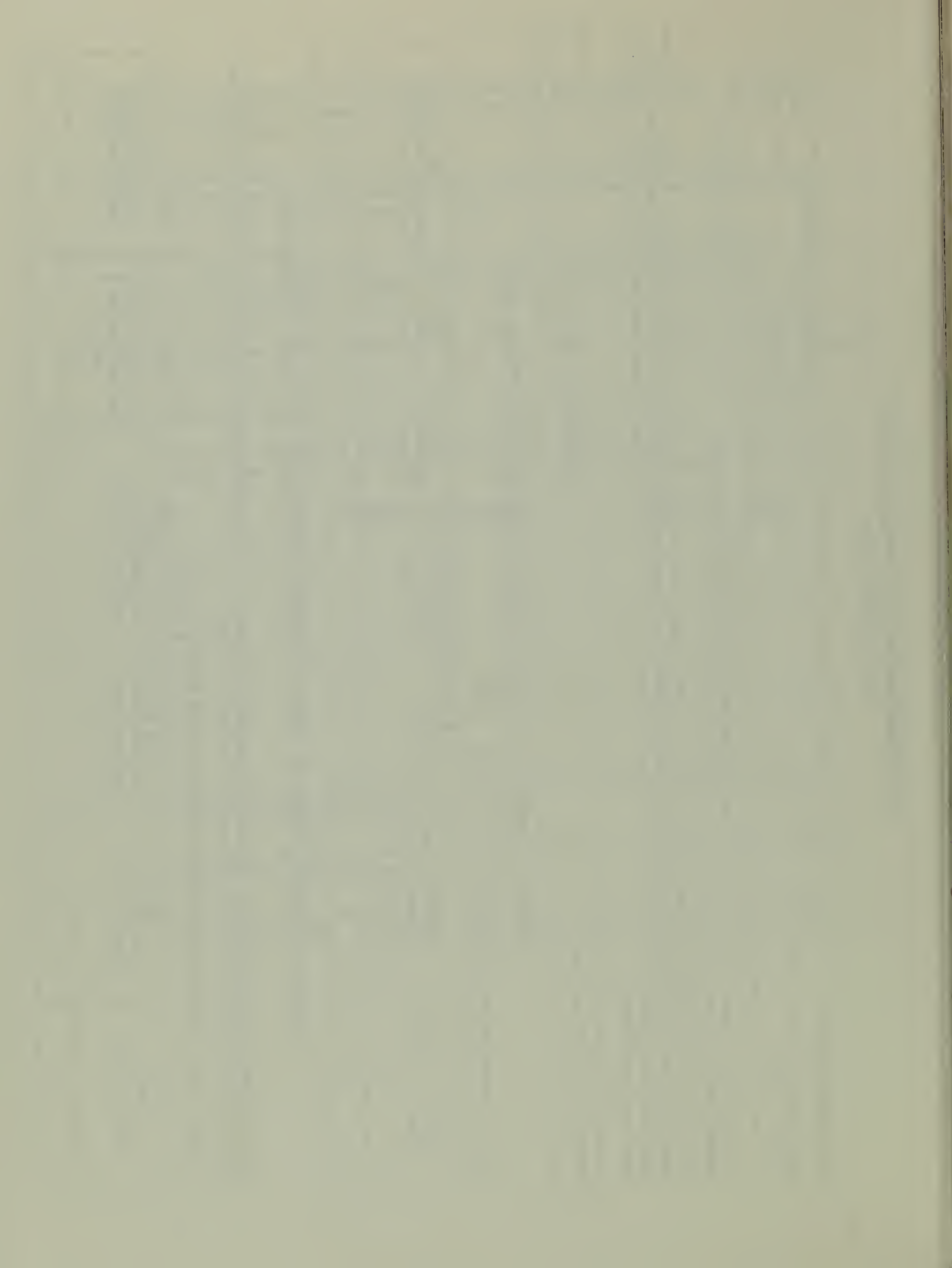
a. Office Type	b. # of Staff	c. CURRENT Annual Rental Cost (June rent x 12)	d. TOTAL Sq. Ft.	e. Rate/Sq. Ft. (Col. c/d)	f. Agreement Type	g. Term. Date	h. Svcs. Not Included in Rent (Enter Codes)

SECTION B: EXPECTED CHANGES IN TERMS OF AGREEMENTS BETWEEN JULY 1, 1984 AND JUNE 30, 1985

Enter ALL ANTICIPATED CHANGES in the rental/occupancy agreement. Use accompanying instructions to calculate anticipated TOTAL COST WITH CHANGES for FY85 and enter in Column n. below.

If there are NO CHANGES ANTICIPATED, enter NO CHANGE below.

i. NEW Total Sq. Ft.	j. ESTIMATED Rate/Sq. Ft.	k. NEW Annualized Rental Cost (Col. i x j)	l. Explanation for Changes (if any)	m. Expected Implementation Month	n. TOTAL FY85 cost (with changes)



THE COMMONWEALTH OF MASSACHUSETTS

COST SUMMARY: OCCUPANCY PLAN FOR FY85

Department/Agency

Contact Person

Telephone

Complete ONE Summary per Agency. Refer to OCCUPANCY PLAN for totals.

List below ALL accounts to which this agency charges rental costs. For EACH account, enter the NUMBER OF AGREEMENTS CHARGED TO THE ACCOUNT, CURRENT ANNUAL SPACE RENTAL COSTS and TOTAL FY85 COSTS WITH CHANGES. Use additional sheets as needed.

APPROPRIATION ACCOUNT NUMBER	I # OF AGREEMENTS CHARGED	II Current Annual Space Rental Costs as of June 30th	III FY85 Total Space Rental Costs with Proposed Changes
----- - -----			
----- - -----			
----- - -----			
----- - -----			
----- - -----			
----- - -----			
TOTAL			

Date Prepared

Prepared by

Occupancy as indicated in this plan will provide space necessary for the Agency to carry out its mission at reasonable cost.

Administrative Authority

Funding is available or has been requested in the accounts listed in this plan.

Budget Bureau

Approval Date

Examiner

INSTRUCTIONS FOR SPECIFIC SITUATIONS

OPENING A NEW OFFICE: give information on expected area, rate, and annualized cost in section B, leaving section A blank.

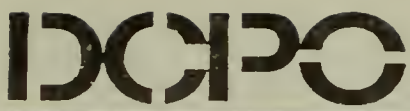
EXTENSION, CONTINUATION OR RENEWAL AT THE SAME RATE: provide information on the current agreement or lease in section A and enter "No Change" in section B, leaving columns I, J, K, L, and M blank. Columns C, R, and N should be the same.

CLOSING OF OFFICE: provide information on current agreement or lease in section A and enter 0 in columns I, J, and K in section B.

STEP INCREASES IN RENT LEVEL UNDER AN EXISTING AGREEMENT: give the current rent level in effect on June 30 with the information on the existing agreement or lease in section A and the increased rental rate and level for the next fiscal year under estimated rate per square foot and estimated annual rental cost in section B.

ESCALATOR CLAUSES: Include "ES" in Column H along with other appropriate codes for services not included in rent. If the agreement is in years 2-5 of its term, calculate 7% of the first year's rent and add that amount to Column N to determine the FY85 TOTAL COST with changes.

TOTALS When forms for all agreements have been completed, total columns C and N. The total should correspond to the totals of columns II and III listed in the Cost Summary.



Commonwealth of Massachusetts, Division of Capital Planning and Operations
Office of Real Property
One Ashourton Place, 15th Floor, Boston, Massachusetts 02108

AGENCY: SUB-UNIT, IF ANY:

ADMINISTRATIVE AUTHORITY: PROPOSED LOCATION:

SQUARE FOOTAGE REQUESTED: TERMS: FROM TO

STATUS OF CURRENT AGREEMENT: () NOT APPLICABLE — THERE IS NO CURRENT AGREEMENT

() LEASE () TENANT-AT-WILL () OTHER:

SQUARE FOOTAGE: x \$ /SQ. FT = \$ TOTAL ANNUAL RENT

TERM OF AGREEMENT: FROM TO

ADDRESS OF PROPERTY: NUMBER STREET CITY TOWN ZIP CODE

OWNER(S):

PROPOSED AGREEMENT TYPE (Check as necessary):

- () New Agreement () Occupancy in State Office Building
() Renewal of Existing Agreement (Attach Occupancy Approval) () Emergency Request to Waive Advertising
() Change in Space at the Same Rate (Attach Occupancy Approval) (attach explanation)
() Other Modification of Existing Agreement (Attach Occupancy Approval)

() Temporary Use of Space (complete the following):

SQUARE FOOTAGE: TERM OF AGREEMENT: FROM TO

RATE: \$ PER TOTAL COST: \$

OWNER ADDRESS OF PROPERTY

EXPLANATION OF REQUEST (ADDITIONAL SHEETS, IF NECESSARY):

WHAT FUNDING HAVE YOU PROJECTED FOR THIS AGREEMENT FOR THE NEXT FISCAL YEAR?

IF NONE, PLEASE EXPLAIN:

AGENCY AUTHORIZATION:

SIGNATURE TITLE DATE

PLEASE COMPLETE SPACE ALLOCATION SCHEDULE AND SUBMIT ONE COPY TO ADMINISTRATIVE AUTHORITY AND ONE COPY TO DCPO.

DCPO APPROVAL:

SIGNATURE TITLE DATE

() APPROVAL WITHHELD BECAUSE:

Office of Real Property
One Ashburton Place, 15th Floor, Boston, Massachusetts 02108

**Space Allocation
Schedule**
(for planning purposes only)

AGENCY:

REQUESTED LOCATION:

OFFICE SPACE SUMMARY

	Personnel Count	Maximum Allowable Sq Ft	Subtotal Sq Ft
Chief Executive	x	300	=
Intermediate Executive	x	200	=
Supervisor / Interviewer	x	100	=
Specialized Personnel	x	75	=
Secretarial / Clerical	x	70	=
Assigned Workstation	x	50	=
Intern	x	35	=
Other	x		=
Part-Time* Employees	x	.75 <small>or allow- able sq ft</small>	=
Total Personnel:		Total Office Space:	

* Occupy space less than 4 full days / week.

SUPPORT SPACE SUMMARY

Number of Areas:	Space Category	Count	Allowable Space/Unit	Subtotal Sq Ft:
	Conference/ Lounge	x	*	=
	Auditorium	x	*	=
	Waiting Area	x	12	=
	Shared Workstation	x	25	=
	Central File Area	x	7	=
	Computer CPU	x	**	=
	Copier	x	**	=
	Other	x		=
Support Space Sub-total:				
Total Support Space:				

* Refer to Log Scale below

** Per manufacturer's specification, or four times the area of the equipment.

SPECIAL REQUIREMENTS (Parking, etc.)

PARKING SPACES x 300 SQ. FT = SQ FT

OTHER

**LOG SCALE FOR
CONFERENCE / LOUNGE / AUDITORIUM USE**

Persons:	4	Sq Ft:	130	Persons:	24	Sq Ft	510
	6		180		25		530
	8		225		30		610
	10		265		40		750
	12		305		50		900
	15		360		60		1050
	18		410		75		1250
	20		450		100		1550

SPACE SUMMARY

TOTAL
OFFICE SPACE

TOTAL
SUPPORT REQUEST

SUB-TOTAL
CIRCULATION
SPACE @ .12

STORAGE
SPACE @ .05

TOTAL SQ. FT
REQUEST

PREPARED BY

NAME

TITLE

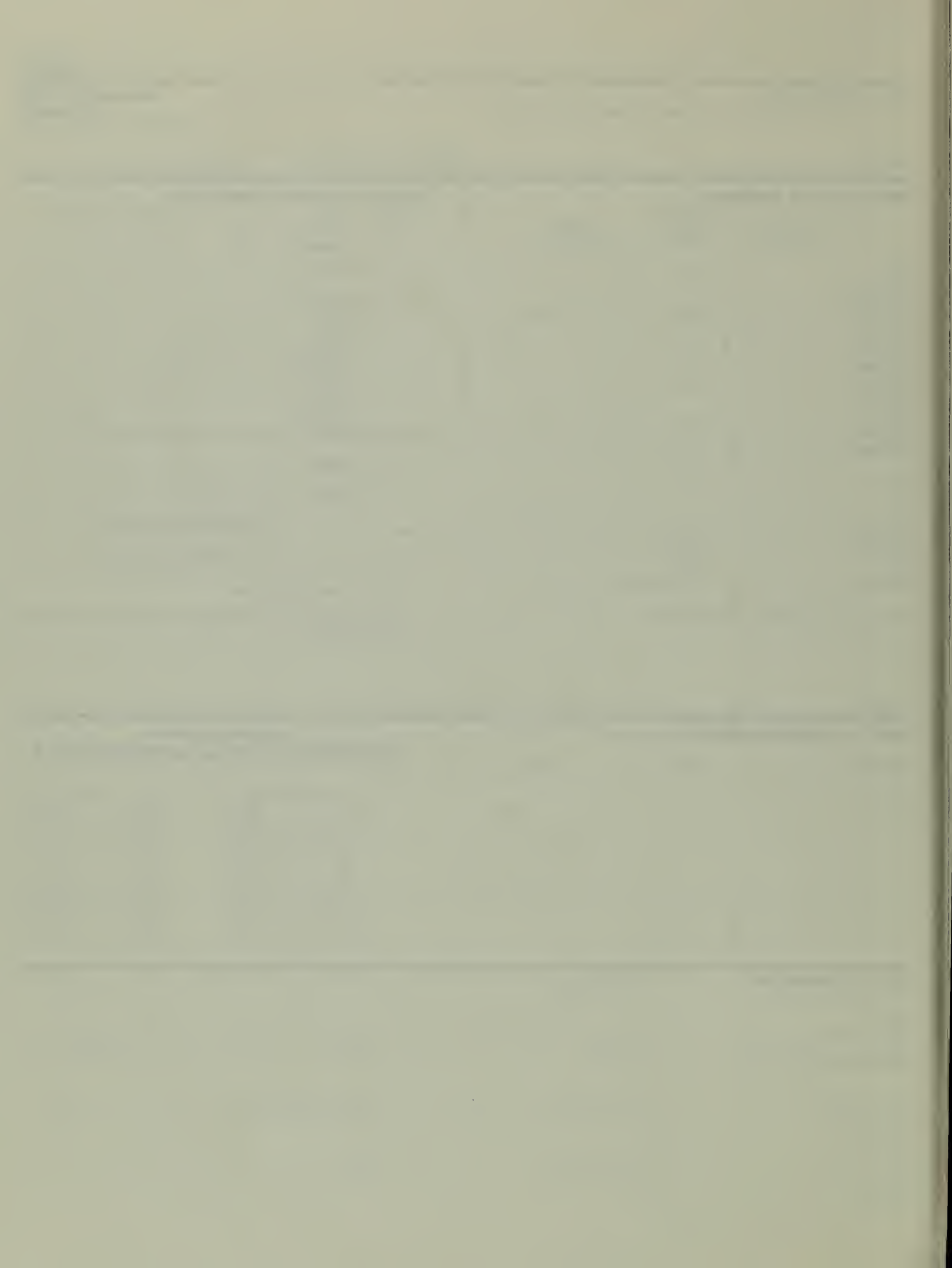
PHONE

AFFILIATION

DATE OF SUBMISSION

SIGNATURE

DATE



Commonwealth of Massachusetts, Division of Capital Planning and Operations
Office of Real Property
One Ashburton Place, 15th Floor, Boston, Massachusetts 02108

2

AGENCY: SUB-UNIT, IF ANY:

ADMINISTRATIVE AUTHORITY: PROPOSED LOCATION:

COMPARATIVE SITE ANALYSIS (Attach additional sheets if necessary)

PUBLICLY OWNED PROPERTIES NOT SELECTED

(Check boxes to indicate if a property is located in a commercial center and/or is historically significant. Fill in square feet and costs as indicated)

ADDRESS OF PROPERTY: _____ x \$ _____ SF = \$ _____

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF × \$	SF = \$
----------------------	--	--	--	---------	---------

CITY/TOWN	OWNER.	CURRENT USE.
-----------	--------	--------------

REASON NOT SELECTED.

ADDRESS OF PROPERTY: _____ SF × \$ _____ SF = \$ _____

CITY/TOWN	OWNER.	CURRENT USE.
-----------	--------	--------------

REASON NOT SELECTED:

ADDRESS OF PROPERTY:					SF × \$	SF = \$
----------------------	--	--	--	--	---------	---------

CITY/TOWN	OWNER:	CURRENT USE
-----------	--------	-------------

REASON NOT SELECTED:

ADDRESS OF PROPERTY.				SF x \$	SF = \$
----------------------	--	--	--	---------	---------

CITY/TOWN	OWNER:	CURRENT USE.
-----------	--------	--------------

REASON NOT SELECTED:

ADDRESS OF PROPERTY				SF × \$	SF = \$
---------------------	--	--	--	---------	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED:

_____ Agency has not identified suitable public space, and requests advertising for private proposals

AUTHORIZED SIGNATURE, AGENCY	TITLE	DATE
------------------------------	-------	------

_____ DCPO grants approval for advertising and has advertised R.F.P. in the Central Register:

Proposal Opening Date: _____ Time: _____

DCPO withholds approval because:

AUTHORIZED SIGNATURE, DCPO	TITLE	DATE
----------------------------	-------	------

(continued on reverse side)

8

PRIVATELY OWNED SPACES NOT SELECTED:

(Check boxes to indicate if a property is located in a commercial center and/or is architecturally significant. Fill in square feet and costs as indicated.)

	COMMERCIAL CENTER	HISTORICALLY SIGNIFICANT	SPECIFY OTHER COSTS SUCH AS UTILITIES, ESCALATIONS, ETC.	AREA IN SQUARE FEET	COST PER SQUARE FOOT	ANNUAL RENT
ADDRESS OF PROPERTY:				SF x	\$	SF = \$

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____ CURRENT USE: _____

REASON NOT SELECTED: _____

PROPOSED AGREEMENT:

ADDRESS OF PROPERTY:				SF x	\$	SF = \$
----------------------	--	--	--	------	----	---------

CITY/TOWN _____ OWNER: _____

ADDRESS OF OWNER(S): _____ CURRENT USE: _____

TERM OF AGREEMENT: FROM _____ TO _____

REASON SELECTED: _____

_____ I request authorization to negotiate an agreement under these terms:

_____ I recommend that all proposals be rejected and request readvertising:

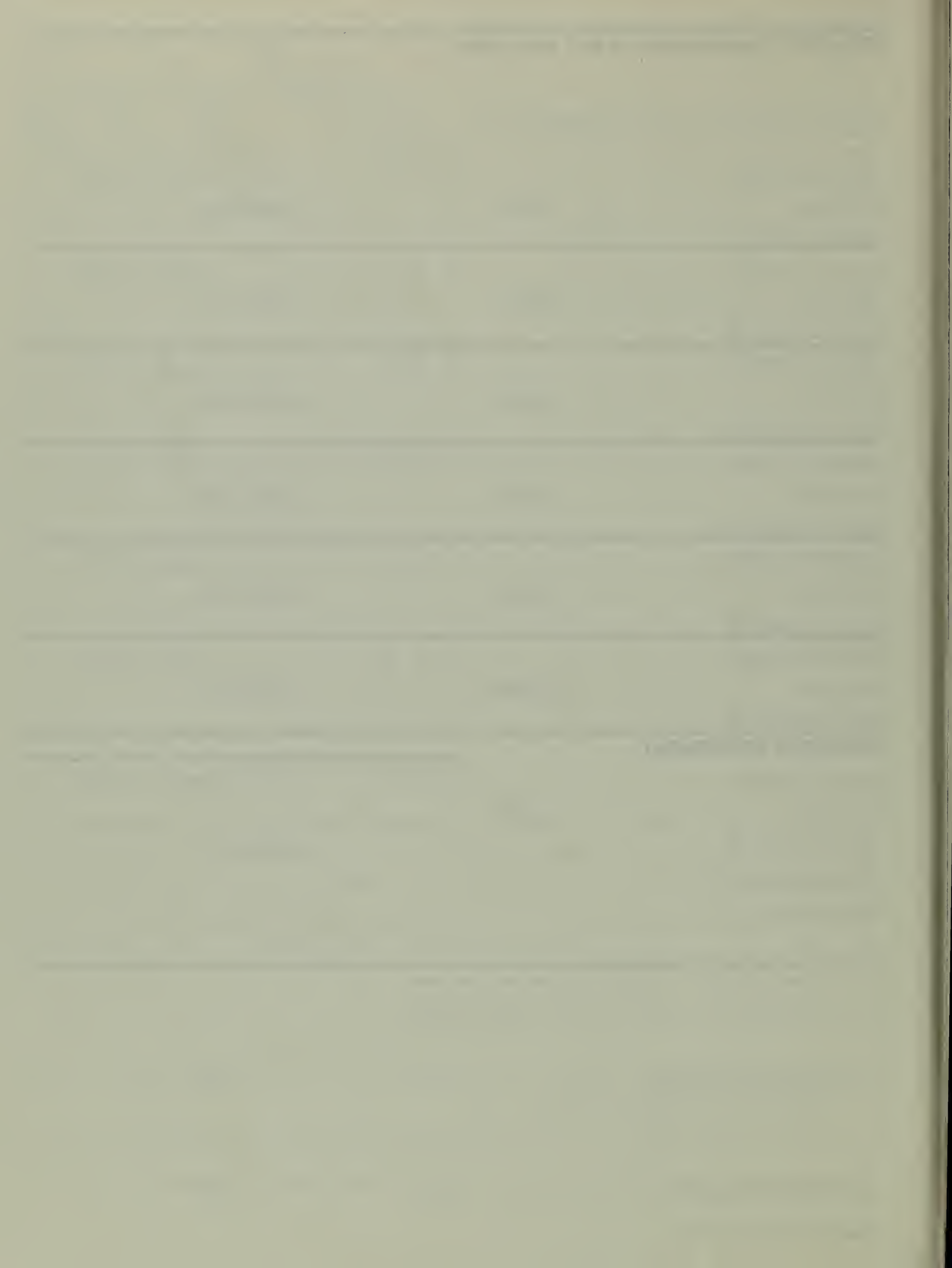
AUTHORIZED SIGNATURE, AGENCY _____ TITLE _____ DATE _____

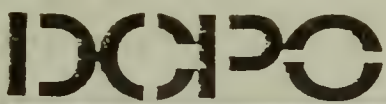
_____ DCPO concurs with agency recommendations.

_____ Approval withheld because: _____

AUTHORIZED SIGNATURE, DCPO _____ TITLE _____ DATE _____

Please submit one copy to DCPO





Commonwealth of Massachusetts, Division of Capital Planning and Operations
Office of Real Property
One Ashburton Place, 15th Floor, Boston, Massachusetts 02108

3

AGENCY _____ SUB-UNIT, IF ANY: _____

ADMINISTRATIVE AUTHORITY: _____ PROPOSED LOCATION: _____

TYPE OF OCCUPANCY: () STATE-OWNED SPACE () OTHER PUBLIC SPACE () PRIVATE SPACE

TYPE OF AGREEMENT: () LEASE () TENANCY AT WILL () OTHER _____

() NEW AGREEMENT () RENEWAL () MODIFICATION

TERM OF AGREEMENT FROM _____ TO _____

ADDRESS OF PROPERTY: _____ CITY/TOWN _____

OWNER(S): _____

OWNER(S) ADDRESS: _____

RATE STRUCTURE: () FLAT () ESCALATOR () STEP

$$\text{SQUARE FOOTAGE} \times \$ \text{RATE PER SQUARE FOOT} = \$ \text{ANNUAL RENT} \div 12 = \$ \text{MONTHLY RENT}$$

FUTURE COSTS:	FY		
	FY	_____	_____
	FY	_____	_____
	FY	_____	_____
	FY	_____	_____
		ANNUAL RENT	MONTHLY RENT

ADDITIONAL COSTS NOT INCLUDED IN RENTAL: _____

PREVIOUS RATE PER SQUARE FOOT: \$ _____ ACCOUNT NUMBER(S): _____ () STATE () FEDERAL

CERTIFICATION

This is to certify that the proposed agreement will provide suitable space for the Agency at costs comparable to others in the same vicinity.

AGENCY _____ DATE _____

Please attach Occupancy Request and forward to Administrative Authority, and submit lease or tenancy documents directly to DCPO.

This is to certify that the proposed agreement will provide space necessary for the Agency to carry out its mission at a reasonable cost.

() EXAMINERS COMMENTS ATTACHED

Please forward to A&F Budget Bureau.

ADMINISTRATIVE AUTHORITY _____ DATE _____

This is to certify that the funds requested for this agreement () are available in the current fiscal year
() have been requested for the next fiscal year

EXAMINED BY: _____ REVIEWED BY: _____

() EXAMINERS COMMENTS ATTACHED

Please forward to DCPO.

BUDGET BUREAU _____ DATE _____

DCPO APPROVAL

The agreement as outlined above is hereby approved.

OFFICE OF REAL PROPERTY _____ DATE _____

DEPUTY COMMISSIONER _____ DATE _____

RECEIPT ACKNOWLEDGED BY COMPTROLLER

AUTHORIZED SIGNATURE _____ DATE _____



Commonwealth of Massachusetts, Division of Capital Planning and Operations
Office of Real Property
One Ashburton Place, 15th Floor, Boston, Massachusetts 02108

4

AGENCY: SUB-UNIT, IF ANY:

ADMINISTRATIVE AUTHORITY:

ADDRESS OF PROPERTY: CITY/TOWN:

OWNER(S):

ADDRESS OF OWNER(S):

SF. \times \$ BASE RATE PER SQUARE FOOT = \$ ANNUAL RENT \div 12 = \$ MONTHLY RENT

LIST ADDITIONAL COSTS:

LEASE TENANT AT WILL ACCOUNT NUMBER:

AGENCY HAS TAKEN OCCUPANCY OF THIS SPACE:

CONFIRMED DATES OF OCCUPANCY: FROM TO

AUTHORIZED SIGNATURE DATE

PLEASE SUBMIT ONE COPY TO DCPO AND ONE COPY TO THE COMPTROLLER

RECEIPT ACKNOWLEDGED BY COMPTROLLER'S OFFICE

AUTHORIZED SIGNATURE DATE

PLEASE SEND ACKNOWLEDGED COPY TO DCPO.

TERMINATION:

THIS AGREEMENT HAS BEEN TERMINATED AS OF. CCNFIRMED LAST DATE OF OCCUPANCY:

REASON FOR TERMINATION:

AUTHORIZED SIGNATURE DATE

PLEASE SUBMIT ONE COPY TO DCPO AND ONE COPY TO THE COMPTROLLER

RECEIPT ACKNOWLEDGED BY COMPTROLLER'S OFFICE

AUTHORIZED SIGNATURE DATE

PLEASE SEND ACKNOWLEDGED COPY TO DCPO.

